

**Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08-03-2007Address: 412 E South 67Case #: 34F 32941WASHINGTON, IN 47807County: DAVIESS**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open - No Structure  
☐ Other:

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): VEHICLE  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: VEHICLE  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☒ Anhydrous Ammonia: VEHICLE  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: VEHICLE  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes 2 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: TRIPLEX STOP

**This report is to be faxed to the following agencies that serve the location:**Fire Department: WASHINGTONFax: 812-254-8223Health Department: DAVIESS CO

Fax: \_\_\_\_\_

Child Protection Service: DAVIESS COFax: 812-254-9754

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: MIKE MAZE Phone 812-4410

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.